



County of New Kent

Application for Employment

12007 Courthouse Circle
P.O. Box 50, New Kent, VA 23124
(804) 966-9683

Unless otherwise stated, applications are only accepted for jobs which are currently open. Be sure to list the title of the job you are applying for. Incomplete applications will not be considered. Mail or bring your application to the address listed above.

NAME

Last

First

Middle

ADDRESS

HOME PHONE

WORK PHONE

(Only if we may contact you at work)

POSITION APPLIED FOR

SOCIAL SECURITY

A copy of your Social Security Card will be required upon employment.

Have you previously worked for New Kent County?

Yes

No

If YES give dates

If you are under 18 years of age can you provide proof of eligibility to work?

Yes

No

Are you legally eligible to work in the United States?

Proof of citizenship or immigration status will be required upon employment

Yes

No

Do you have a valid driver's license?

Yes

No If Yes, State

Do you have a valid Commercial Driver's License?

Yes

No If Yes, State

Available for

Full-Time

Part-Time

Temporary work.

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EDUCATIONAL BACKGROUND

High School Graduate or GED? Yes No

Name and Location of school

Year Graduated

Name & Location of college or university	Dates Attended	Major/Subject	Degree & Date
1.			
2.			
3.			

Describe any job related courses or training you have completed.

List any special qualifications, skills, certificates, licenses, professional associations or additional information you feel will be helpful to us in considering your application.

REFERENCES

Provide the names of three individuals not related to you, in addition to employment supervisors, who can provide information regarding your ability to perform this job.

Name	Address	Telephone	Years Acquainted

EMPLOYMENT HISTORY

Give a complete record of your employment history including part-time work, military service and volunteer work. **List all experience in order, starting with your present or most recent position and working back.** Describe your duties and responsibilities in each position. Attach additional sheets if necessary.

1. Dates of Employment

From	To	Description of work
Title or Position		
Employer		
Address		
Supervisor		
Telephone		Reason for leaving
Starting Salary		
Ending Salary		

2. Dates of Employment

From	To	Description of work
Title or Position		
Employer		
Address		
Supervisor		
Telephone		Reason for leaving
Starting Salary		
Ending Salary		

3. Dates of Employment

From	To	Description of work
Title or Position		
Employer		
Address		
Supervisor		
Telephone	Reason for leaving	
Starting Salary		
Ending Salary		

4. Dates of Employment

From	To	Description of work
Title or Position		
Employer		
Address		
Supervisor		
Telephone	Reason for leaving	
Starting Salary		
Ending Salary		

May we contact your present employer for references?	Yes	No
May we contact you at your present place of employment?	Yes	No
Are you fully able to perform the essential duties of the job, as set forth in the job description for this position, for which you are applying? If no, please explain. A disability will not bar you from employment if you are able to perform the essential duties of the job with reasonable accommodations.	Yes	No

Have you ever been convicted of any felony?

Yes

No

If yes, please explain. A conviction does not necessarily disqualify an applicant from employment.

Have you ever been fired, terminated or forced to resign from a job?

Yes

No

If yes, give name and address of employer and describe the circumstances. A firing, termination or forced resignation does not necessarily exclude you from employment.

CERTIFICATION

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I understand that false or incomplete statements may be grounds for disqualification from employment. I authorize New Kent County to conduct a background investigation pursuant to my employment with the County. I authorize my former employers and any other persons or organizations to provide any information they have about me, and I release all concerned from any liability in connection therewith. I further understand that any employment is conditioned upon successful completion of a probationary period.

Signature _____ Date _____

For County Use

Hire Date _____

Full-Time Part-Time Temporary

Starting Salary or Hourly Rate _____

Grade/Step _____ G/L Expense Code _____

Comments: _____

Supervisor Signature _____

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